

Mental Health Services Act Prevention and Early Intervention Plan Requirements

**Joint Staff Document of the Mental Health Services Oversight and Accountability Commission (MHSOAC),
California Department of Mental Health (DMH), & County Mental Health Directors Association (CMHDA)**

Staff Recommendations on Key Policy Decisions for Prevention and Early Intervention Funding

The Final Requirements for the MHSA Prevention and Early Intervention Program (PEI) will address the following key components of the PEI County Program Plans:

1. California's 5 Key Community Mental Health Needs
2. Priority Age
3. Priority Populations
4. Recommended PEI Programs/Interventions/Strategies
5. Priority Principles & Criteria to Demonstrate those Principles
6. Distinction Between Prevention/Early Intervention and Community Services & Supports
7. Priority Long Term Outcomes
8. Short-term Goals, Evaluation Methods, Accountability Reporting
9. County Planning Process

In addition, the MHSA PEI Program will include proposals for statewide use of PEI program funding in the following areas:

1. Suicide Prevention
2. Stigma and Discrimination Reduction
3. Statewide Evaluation
4. Statewide Training and Technical Assistance
5. Prudent Reserve
6. Ethnically and Culturally Specific Programs and Interventions

The following is a table that identifies and summarizes PEI policy recommendations from a Staff Work group representing the Mental Health Services Oversight and Accountability Commission (MHSOAC), the State Department of Mental Health (DMH), and the California Mental Health Director's Association (CMHDA).

KEY POLICY DECISION POINTS OVERVIEW: County Plans

15 MENTAL HEALTH PREVENTION AND EARLY INTERVENTION POLICY DECISION POINTS

1) CA 5 Key Community Mental Health Needs

Initial PEI funding will focus on impacting five key community mental health needs in California:

- **Disparities in Access to Mental Health Services** – PEI efforts will reduce disparities in access to early mental health interventions due to stigma, lack of knowledge about mental health services, or lack of suitability (i.e., cultural competency) of traditional mainstream services.
- **Psycho-Social Impact of Trauma** – PEI efforts will reduce the negative psycho-social impact of trauma- on all ages.
- **At-Risk Children, Youth and Young Adult Populations** – PEI efforts will increase prevention efforts and response to early signs of emotional and behavioral health problems among specific at-risk populations.
- **Stigma and Discrimination** – PEI will reduce stigma and discrimination impacting those with mental illness and mental health problems.
- **Suicide Risk** – PEI will increase public knowledge of the signs of suicide risk and appropriate actions to prevent suicide.

2) Priority Age

PEI County Plans will address all age groups and a minimum of 51% of their overall PEI Plan budget must be dedicated to individuals who are between the ages of 0 through 25. Small Counties are excluded from this agreement.

3) Priority Populations

- **Underserved Cultural Populations**-Those who are unlikely to seek help from any traditional mental health service either because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc., that seek non-traditional mental health services) and would benefit from Prevention and Early Intervention programs and interventions.
- **Individuals Experiencing Onset of Serious Psychiatric Illness**- Those identified by providers, i.e. primary health care, as presenting signs of mental illness “first break” and are unlikely to seek help from any traditional mental health service.
- **Children/Youth in Stressed Families** - i.e., families where parental conditions place children at high risk of behavioral and emotional problems, such as parents identified with mental illness, serious health conditions, substance abuse, domestic violence, incarceration, child neglect or abuse.
- **Trauma-Exposed** - Those who are exposed to traumatic events or prolonged traumatic conditions, including grief, loss and isolation and are unlikely to seek help from any traditional mental health service.
- **Children/Youth at Risk for School Failure** - due to unaddressed emotional and behavioral problems.
- **Children and Youth at Risk of Juvenile Justice Involvement** - Those at-risk of, or who have had first point of contact with any part of the juvenile justice system with signs of behavioral and emotional problems.

4) Recommended PEI Programs, Interventions, and Strategies

PEI County Plan Requirements would suggest programs, interventions, and strategies. DMH statewide projects would support these selected programs, interventions, and strategies. Counties would have ability to select county alternatives so long as they are justified.

5) Priority Principles

Approval of PEI County Plans will be based on demonstration of the Prevention and Early Intervention Principles and Criteria defined in the MHSOAC PEI Recommendations paper (Adopted in October, 2006). These Principles and Criteria are listed below. *Please note that any changes to the original principles/criteria from the adopted MHSOAC PEI Recommendation paper are identified in footnotes.*

a. Transformational Strategies and Actions:

- Principle: County and state prevention and early intervention (PEI) efforts align with *transformational values* defined in recent reports such as the Mental Health Services Act, the DMH Vision and Guiding Principles of the MHSA, and the President's New Freedom Commission Report.
- Criteria: Transformational values are to be demonstrated in county and state programs, including the following:
 - i. Strategies for Prevention and Early Intervention are driven by consumers and family/caregivers, with specific attention to those from underserved communities.
 - ii. Culturally and linguistically competent
 - iii. Demonstrate system partnerships, community collaboration, and integration
 - iv. Focused on wellness, resiliency and recovery
 - v. Include evidence indicating high likelihood of effectiveness and methodology to demonstrate outcomes.

b. Leveraging Resources:

- Principle: County and state PEI efforts extend MHSA programs and funding by leveraging resources and funding sources, including ones not traditionally identified as mental health, to significantly increase the total resources brought to bear to address mental health issues.
- Criterion: In order to extend the impact of MHSA PEI funding, county and state programs demonstrate collaborations that include shared resources or other strategies to leverage additional resources beyond MHSA funds.

c. **Reduction of Disparities:**

- **Principles:** County and State PEI programs shall emphasize the goal of reducing disparities.
- **Criterion:** County and state PEI program designs use promising and demonstrated strategies effective in reducing racial, ethnic, cultural, language, gender, age, economic, and other disparities in mental health services (access, quality) and outcomes.

d. **Stigma Reduction:**

- **Principle:** PEI programs reduce stigma associated with having a mental illness and or social/emotional/behavioral disorders for those seeking services and supports for mental health issues.
- **Criteria:**
 - i. PEI efforts emphasize strategies to reduce stigma associated with mental illness.
 - ii. PEI efforts demonstrate strategies to move toward a positive, non-stigmatized “help first” approach reflective of a society that recognizes and honors its responsibility to assist persons with mental health issues.
 - iii. PEI efforts include strategies customized for each racial, ethnic or other special population.

e. **Reduction of Discrimination:**

- **Principle:** PEI efforts emphasize strategies to reduce discrimination against individuals living with mental illness or social/emotional/behavioral disorders, including limited opportunities, abuse, various negative consequences, and barriers to recovery.
- **Criterion:** PEI programs use strategies that are promising and have demonstrated effectiveness in eliminating discrimination against persons living with mental illness and their families.

f. **Recognition of Early Signs:**¹

- **Principle:** County and state PEI program plans shall include critical linkages with those in the best position to recognize early signs of mental illness and intervene, including but not limited to, parents and care givers, primary health care providers, early childhood education providers, teachers, faith based providers and traditional healers.
- **Criteria:**
 - i. County and State PEI plans will include a description of relationships, such as partnerships, collaborations, or arrangements with community-based organizations, such as schools, primary care, etc. Plans must document how those relationships will ensure effective delivery of services and the County's ability to effectively coordinate, manage, and monitor the delivery of services.
 - ii. County PEI plans will strengthen and build upon the local community-based resources, mental health services, and primary care services.

g. **Integrated and Coordinated Systems:**

- **Principle:** In order to extend the impact of MHSA PEI funding and make PEI services accessible to the diverse people who need them, county and state PEI program design builds integrated and coordinated systems, including linkages with systems not traditionally defined as mental health, which reflect mutually beneficial goals and combined resources to further those goals.
- **Criteria:**
 - i. County and state PEI program designs demonstrate coordination with all components of the MHSA, including community services and supports, workforce education and training, innovation, and capital improvements/technology.
 - ii. County and state PEI program designs demonstrate coordination with local and state initiatives that support MHSA outcomes.
 - iii. County and state PEI programs demonstrate links with community agencies, including those that have not traditionally been defined as mental health, and individuals who have established, or show capacity to establish, relationships with at-risk populations.
 - iv. PEI approaches emphasize comprehensive community-based and client/family-based approaches.

¹ The criteria were modified to ensure they could be implemented at the County level.

h. **Outcomes and Effectiveness**

- Principle: County and State PEI programs will participate in the development and use of a statewide evaluation framework that documents meaningful outcomes for individuals, families, and communities.
- Criterion: County and state PEI plans include well-conceived strategies to assess the effectiveness and outcomes of their programs, and reflect what is learned to all levels of the system in order to improve services and outcomes.

i. **Optimal Points of Investment**

- Principle: In order to maximize the effectiveness of MHSAs PEI funding, county and state programs invest in optimal points of intervention. Optimal points of investments are defined as those interventions, targeted at a specific population and/or age group, which have the highest probability to divert negative outcomes, and/or generate cost savings.

j. **User-Friendly Plans:**

- Principle: County and state PEI Plans will be accessible.
- Criterion: County and state PEI program requirements and ensuing plans are written in accessible language that allows for reasonable implementation at all levels and supports the development of culturally and linguistically relevant services.

k. **Non-Traditional Mental Health Settings:**²

- Principle: County and State PEI programs shall increase the provision of culturally competent and linguistically appropriate prevention interventions in non-traditional mental health settings, i.e., school and early childhood settings, primary health care systems, and other community settings with demonstrated track records of effectively serving ethnically diverse and traditionally underserved populations.

² The criteria were modified to ensure they could be implemented at the County level.

➤ Criteria:

- i. Counties will document their efforts to identify, outreach to and collaborate with community-based organizations, primary care providers, mental health providers, parents and care givers, early childhood education providers, teachers, faith based organizations and traditional healers. Plans must document how those relationships will ensure effective delivery of services and the county's ability to effectively coordinate, manage, and monitor the delivery of services.
- ii. County PEI plans will strengthen and build upon the local community-based mental health and primary care system, including community clinics and health centers.
- iii. Counties shall include in their provider network community-based organizations that meet the identified needs of all consumers, with a specific emphasis on those who are traditionally underserved.
- iv. Local PEI plans will be evaluated based on the ability to reach underserved communities and address specific barriers to access faced by underserved communities, including cultural and linguistic barriers.

1. **Prevention and Early Intervention is a Distinct Service from Community Services and Supports**³

- Principle: PEI funds shall be used to support services that reduce the risk of the initial onset of a mental disorder.
- Criteria: For each program funded with PEI funds there shall be a clear explanation of how the service meets the operational definition of prevention and early intervention.

6) Distinction Between Prevention/Early Intervention and Community Services & Supports

PEI interventions will emphasize Prevention & Early Intervention and be distinct from Community Service and Support Services. The PEI Requirements will provide:

- Operational definitions (e.g., early intervention/treatment nexus)
- Counties will have flexibility in their implementation of the operational definitions.

³ The principle and criteria were modified to clarify their meaning.

7) Priority Long Term Outcomes

Priority outcomes defined in the Act (reduction of school failure, homelessness, prolonged suffering, unemployment, incarceration, removal of children from homes, and suicide) will be translated in the PEI Requirements as the Seven Overall Aims of Prevention and Early Intervention and all Counties will be expected to work toward those outcomes.

8) Short-term Goals, Evaluation Methods, Accountability Reporting

DMH will organize another work group with representation from program and evaluation experts in prevention and early intervention, CMHDA, OAC, CMHPC and other critical partners to recommend short-term goals, a set of required outcome indicators and evaluation methods for PEI that are applicable at the State and County levels.

9) County Planning Process

The County PEI Planning process will replicate the logic model used for County Community Services and Support Planning, i.e. within the parameters specified in the PEI Requirements, identify priority community needs, populations, strategies and outcomes.

KEY POLICY DECISION POINTS OVERVIEW: Statewide Plans

POLICY DECISION POINTS

1) Statewide Suicide Prevention

Statewide set aside dedicated to suicide prevention- \$14,000,000 annually up until the implementation of the MHSA Integrated Plan.

Statewide Suicide Prevention Strategic Planning- \$500,000 per year for 2 years.

2) Statewide Stigma and Discrimination Reduction

Statewide set aside of \$20,000,000 annually up until the implementation of the MHSA Integrated Plan. A Work Group, established by the OAC and led by the Center for Reducing Health Disparities, will meet to establish stigma and discrimination reduction priorities and strategies. These strategies will be presented to the full Commission at the March 2007 OAC meeting. Based on OAC recommendations for stigma and discrimination reduction priorities/strategies, DMH then will produce a cost analysis for OAC approval prior to implementing the program.

3) Statewide Training , Technical Assistance, and Capacity Building for Partners

Statewide set aside for PEI training and technical assistance of \$12,000,000 annually up until the implementation of the MHSA Integrated Plan. The goal of statewide training and technical assistance is to improve the capacity of partners outside of the mental health system, i.e. education, primary health care, law enforcement officers, primary care providers, to assist in prevention and early intervention efforts. Statewide training and technical assistance will serve as an incentive for counties to improve their strategies in addressing the five priority impact areas of PEI (reducing disparities, addressing trauma, and addressing the emotional/ behavioral/mental health needs of children and youth), not a requirement.

4) Statewide Evaluation

A significant investment of up to 5-8% of the MHSA County PEI fund will be spent annually on statewide PEI evaluation. To the extent possible, the statewide evaluation should be paid for by the MHSA Administrative Budget. Counties need to be intimately involved in the evaluation design to ensure it is effective.

5) Prudent Reserve

Statewide Prudent Reserve for Prevention and Early Intervention will be created from 2005-2006 PEI revenue. The prudent reserve will be the equivalent of 50% of the PEI service funds. County-specific amounts will be shown in the County Sub- accounts.

6) Ethnically and Culturally Specific Programs and Interventions

Statewide set aside for up to \$15,000,000 per year to support special projects for reducing ethnic disparities based on the results of the Ethnic Stakeholder process. This is in addition to, rather than instead of, expecting Counties to work toward reducing disparities in all County PEI Plans.